

TAX WITHHOLDING INFORMATION <small>For use of this form, see AR 37-105; the proponent agency is USAFAC</small>		DATE _____
TO:	FROM: <i>(Include State, City or Country Ident No.)</i>	
1a. FORWARDED AS INCLOSURE 1 IS FORM _____ <input type="checkbox"/> RETURN OF STATE TAX WITHHELD - AMOUNT _____ <input type="checkbox"/> RETURN OF CITY TAX WITHHELD - AMOUNT _____ <input type="checkbox"/> RETURN OF COUNTY INCOME TAX WITHHELD - AMOUNT _____		
1b. <input type="checkbox"/> BI-WEEKLY PERIOD ENDING _____ <input type="checkbox"/> MONTHLY PERIOD ENDING _____ <input type="checkbox"/> QUARTER ENDING _____ <input type="checkbox"/> ANNUAL RECONCILIATION _____		
2. INCLOSURE 2 IS A CHECK IN THE AMOUNT OF _____ TO COVER ABOVE REFERENCED TAXES WITHHELD FROM EMPLOYEES.		
REMARKS		
TYPED NAME, GRADE, TITLE AND TELEPHONE	SIGNATURE	